

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013211

STATE FILE NUMBER

MAY 13 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1940

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Prairie Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2641 Forest St.		Length of stay in lb 9 days	d. STREET (If outside, give location) ADDRESS 6 Mi. N. Lee's Summit		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) JACKSON DAVID CARROLL			4. DATE OF DEATH Month 4 Day 17 Year 59		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 24, 1889		9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Bland, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Daniel C. Carroll		13b. MOTHER'S MAIDEN NAME Nancy L. Ellis		14. NAME OF HUSBAND OR WIFE Mary E. Carroll	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. 490-16-6250		17. INFORMANT Address Mary C. Carroll, RR2, Lee's Summit, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Arteriosclerosis DUE TO (c) ... PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x					INTERVAL BETWEEN ONSET AND DEATH 6 wks. 1 year.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug. 1958 to 17 Feb. 1959 and last saw her live on 17 Feb. 1959 Death occurred at 6:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M.D. Durnell		(Degree or title) M.D.		22b. ADDRESS 18 E. 3rd St. Lee's Summit, Missouri	
22c. DATE SIGNED 17 Feb. 1959					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr. 19, 1959		23c. NAME OF CEMETERY OR CREMATORY Lee's Summit, Cemetery	
23d. LOCATION (City, town, or county) Lee's Summit, Missouri		(State)			
24. FUNERAL DIRECTOR Langsford Funeral Home		ADDRESS Lee's Summit, Missouri		25. DATE RECD. BY LOCAL REG. 4-18-59	
26. REGISTRAR'S SIGNATURE Hevar Marshall					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

M. D. Durnell

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *N B Longford*

Licensed Embalmer No. *4962*

P. O. Address *Lee's Summit*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.